STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 25 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)Timothy O. Wilkerson	TMENT OF ST
II. Name of lobbyist's partnership, firm or corporation, if any:	
New England Cable + Telecommunications Assoc, Inc (Name of partnership, firm or corporation)	<u> </u>
10 Forbes Road #440W Braintree MA 02184 Business Address: (Street) (Town/City) (State) (Zip Code	- e)
(781) 843-3418 (781) 849-6267 e-mail twilkersone, N	ecta.info
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate reportable expense transactions which are not attributable to any one client).	report for
All reportable transactions occurring in the months prior to the reporting date relative to the following client:	
New England Cable + Telecon Muni Cations ASSOC, Inc (Full Name of Client as it appears on the Lobbyist Registration Form) OR	· •
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below unrelated to any particular client.	which are
IV. Date of Report April 26, 2017 Suly 26, 2017 Suly 26, 2017 Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17	
October 25, 2017	
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room Concord, NH 03301.	[] 204,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses	
If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorarium Expense Reimbursement	is or
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Con	ntributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information and complete to the best of my knowledge and belief. (Signature of ldbbyist) (Date)	on is true
Timothy O. Wilkerson (Print Name of lobbyist)	

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Timothy O. Wikerson			
II. Name of lobbyist's partnership, firm or corporation, if any:			
New England Cable + Telecommunications Assoc, Inc (Name of partnership, firm or corporation)			
III. Name of Client Same	Date 10 23 17		
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service oss fee amount reported shall not b		
a) Total of all fees received in this reporting period	a) \$ 5,583.00		
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$5,100.00 ear)		
c) Total of all fees received to date (Add lines a and b)	c)\$ 10,683.00		
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the persord with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political		
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$		

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$O ~
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/a	s <u>-0-</u>
	\$
	\$
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirr is true and complete to the best of my knowledge and belief.	n that the foregoing information
(-10 M)	10/23/17
(Signature of lobbyist)	'(Date)'
Timothy O. Wilkerson (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

RECEIVED

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist		2	DEPARTMENT OF STA
Statement of Incom	e and Expenses for:	New Ena	land Cable
Name of Lobbying par	rtnership, firm, or corpo	oration: Telecomm	land Cable unications Assoc., Inc.
			corporation and not related to any
particular client):			VIII
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 🛚	October 25, 2017 🗗	January 31, 2018 □
the following Addend submitted):	ums submitted with th		d Expenses described above, and imber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
	m that the foregoing in my knowledge and be		t and each Addendum is true and
(Signature of lobbyist)	M		0(23)17 (Date)
TimothyC	wilkerson	L	
(Print Name of lobbyis	st)		